

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

		Application Number	10/706,738-Conf. #7532
		Filing Date	November 12, 2003
		First Named Inventor	John Hilfinger
		Art Unit	1635
		Examiner Name	R. A. Schnizer
Total Number of Pages in This Submission	19	Attorney Docket Number	TSR-10002/38

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Oral Hearing Appellants' Reply Brief
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C.		
Signature	/Avery N. Goldstein, Ph.D./		
Printed name	Avery N. Goldstein, Ph.D.		
Date	June 6, 2008	Reg. No.	39,204

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).		Complete if Known	
Fee Transmittal For FY 2008		Application Number	10/706,738-Conf. #7532
		Filing Date	November 12, 2003
		First Named Inventor	John Hilfinger
		Examiner Name	R. A. Schnizer
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1635
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No. TSR-10002/38	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 07-1180			Deposit Account Name: Gifford, Krass, Sprinkle, Anderson & Cikowski, P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments				

FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0
2. EXCESS CLAIM FEES						
Fee Description	Small Entity					
Each claim over 20 (including Reissues)	50 25					
Each independent claim over 3 (including Reissues)	210 105					
Multiple dependent claims	370 185					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 =	x	=		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 =	/50 =	(round up to a whole number) x		=		
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 2403 Request for oral hearing 515.00						

SUBMITTED BY					
Signature	/Avery N. Goldstein, Ph.D./		Registration No. (Attorney/Agent)	39,204	Telephone (248) 647-6000
Name (Print/Type)	Avery N. Goldstein, Ph.D.		Date	June 6, 2008	